

PRINTER RUSH

(PTO ASSISTANCE)

Application : 10/796 509 Examiner : Berch GAU : 1624

From : PAP Location : (IDC) FMF FDC Date : 11/17/05

Tracking # : EPM 10/796509 Week Date : 7/18/05

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> ELM	<u>6/30/05</u>	<input type="checkbox"/> Document Legibility
<input checked="" type="checkbox"/> IIFW	<u>7/12/05</u>	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Original claims 22-62 depend on cancelled original claim 1. Please advise.

Thank you.

[XRUSH] RESPONSE: _____

NO NOW FIXED

INITIALS: MK

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04